

**MONTANA IMMUNIZATION PROGRAM
2011 Hepatitis Vaccine for High-risk Adults
PUBLIC PROVIDER ORDER FORM**

Return form to: Montana Immunization Program
PO Box 202951
Helena, MT 59620
Fax: 406-444-2920

Date Submitted:
VFC ID #:
Facility Name:
Physical Address (No PO Boxes):

Contact Person:
Contact's Direct Phone:
Contact's E-mail:

Vaccine ordered on this form is for adults testing positive for hepatitis C who are uninsured and/or unable to pay for the vaccine themselves.

Limits may be placed on orders to ensure vaccine availability to all health departments. Order limits will be based on the reported incidence of hepatitis C in the county.

VACCINE	MINIMUM DOSE ORDER	DOSES ORDERED	DOSES ON HAND (MANDATORY for ORDER)
Hepatitis A/B (Twinrix®)	5		

To order:

1. Use this form only for this program. Photocopy as needed.
2. Inventory your current stock of Twinrix® and enter in column 4.
3. Enter doses ordered in column 3. Please note that there is a 5 dose minimum order and orders must be placed in increments of 5.
4. Return form to address listed above.
5. Report doses administered on your Monthly Vaccine Report Form sent to Home IV Pharmacy on the 5th of every month. The most current report form for public providers can be found at www.immunization.mt.gov.